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THE MANAGEMENT

OF

ECZEMA.

BY

L. DUNCAN BULKLEY, A.M., M.D.

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PREFACE.

The following Essay on The Management of Eczema is reprinted from the Transactions of the American Medical Association for 1874.

The object of presenting it in a separate form is that it may obtain a wider circulation than that afforded by the complete volume of the Transactions, and that those to whom the latter is not accessible may have the article if desired.

The aim of the following pages is to impress the fact that while Eczema is a disease *sui generis*, it is not to be treated abstractedly as such, but that rather the patient is to be restored to health; that Eczema depends upon many different conditions, and is consequently amenable to the most varied measures, so that its treatment is better styled The Management of Eczema. If he shall have assisted any in their attempts at mastering this protean malady, and shall have aided in removing its treatment from the rut of Fowler's solution and zinc ointment, in which carelessness has too often allowed it to run, the writer will be amply repaid for his labor.

The existence of the larger monographs on Eczema does not seem to preclude the necessity for a brief exposition of some of the principles involved in its management, and it will be a matter of satisfaction if any shall be hereby incited to the study of the able essays of Wilson, Anderson and Fox on Eczema.

L. D. B.

NEW YORK, *January*, 1875.

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THE MANAGEMENT OF ECZEMA.

ECZEMA being a disease which attacks all classes and conditions of persons, from the cradle to the grave, and one which, moreover, assumes a multitude of forms, and appears under very varied circumstances, it is evident that its treatment must vary greatly in different cases, while each stage through which most instances of the eruption must pass requires an alteration in the plan pursued, which again demands ofttimes a further modification owing to personal idiosyncrasies in the patient. For these reasons we have chosen as our topic, "The Management of Eczema," leaving pathology, etiology, etc., to occupy a place second in practical importance to the great question, "How can we cure eczema in the quickest and best manner?" Inasmuch, however, as all sound treatment is based on, and should presuppose a knowledge of the pathological changes of the disease to be treated, let us very briefly first touch upon the nosological relations of eczema and the alterations of tissue connected therewith as visible to the naked eye and through the microscope.

Our study of the disease and its treatment will be much simplified if, with modern pathologists, we look upon eczema as but a dermatitis, an inflammation of the skin, entirely analogous to inflammation as presented elsewhere in the human system. Eczema, however, differs from all other dermal inflammations, as erythema, erysipelas, herpes, acne, psoriasis, prurigo, and the like, in its exudative feature, in which it stands alone and resembles the catarrhal affections of the mucous membranes, whence certain writers call the disease a catarrhal inflammation of the skin, a comparison borne out by its clinical history as well as its pathological characters, and one which I wish to bring out very fully in our consideration of the subject before us. The stages of heat and dryness, subsequent tumefaction, and later free discharge

occurring in an ordinary mucous catarrh, all find their like in acute eczema, while the constant exudation and irritation of chronic mucous inflammation answer to certain chronic eczematous states.

The pathological conditions in eczema, as observed by Neumann, Biesiadecki, Rindfleish, and others, are as follows: When artificial dermatitis is produced, as by rubbing croton oil on the ear of a rabbit, a rhythmical contraction and relaxation of the capillaries is seen to take place, wherein the vessels at one moment appear to be empty of blood, and at the next greatly distended, which alternations continue until stasis occurs and the part, which before was transparent, becomes opaque, swollen, and hot. This congestion, thus occurring, relieves itself by an exudation of serum into and between the cells surrounding the bloodvessels, accompanied by an active proliferation of the cell elements of the skin, while the elongated connective-tissue cells, which Biesiadecki has shown to exist more or less abundantly between the cylindrical and polygonal cells of the *rete mucosum*, become swollen and seek to discharge their contents externally. If the epidermal layer is unbroken, this fluid, on reaching the surface, is retained in the form of vesicles, causing more or less œdema of the partsmean while; but if there is a solution of continuity, the discharge finds exit either through minute orifices which represent the natural pores or openings of the skin, where it is pierced by the sweat glands and hair follicles, the epidermal layer being thinnest there, or the fluid exudes from cracks in the epidermis, which may reach down even to the papillary layer.

In an eczema which has existed some time, chronic eczema, we have another element superadded, an element which is the result of the active process, and which now becomes the main object of our treatment, namely, the infiltration of the *rete mucosum* and papillary layer with new cells. Whether these cells result from a proliferation of connective-tissue or other cells, or are transuded white blood corpuscles, it does not come within the province of our paper to discuss. This infiltration, in certain instances, may extend through the whole structure of the derma and affect even the *panniculus adiposus* or loose fatty tissue beneath, whereby the well-known thickening of the skin results to such extent, at times, as to cause it to appear firmly attached to the subjacent parts. This thickening is seen, microscopically, in the enlarged papillæ, which become sometimes large enough to be recognized by the naked eye; also in the new cell growth around the capillaries and

in the walls between the single fat cells, and is recognized, clinically, by the increased thickness of a fold of diseased skin when pinched between the fingers, though sometimes the hyperplasia is so great that it is impossible thus to raise a fold of it. *While this thickening remains, the eczema is not cured, but will pretty certainly recur when treatment is suspended.*

The practical bearing which this pathological study has on the management of eczema is this: in the acute stage the disease is simply a catarrh of the skin, namely, a congestive condition of the cutaneous capillaries, resulting in an exudation of serous fluid, which seeks exit and must obtain it, and which manifests itself externally in vesicles, exudation, crusting or scaling, whereas in the chronic stage we have rather to do with the products of inflammation whose removal becomes our main object of endeavor. Here there is the first great division of eczema, which Hebra was one of the foremost to clearly mark out and insist on, and which is of the highest value in a scientific and satisfactory treatment of the disease. But although thus divisible into acute and chronic, there is no definite boundary line between the forms of eczema, nor is it possible to say exactly when the acute affection ceases and the chronic begins, and here it is that the *management* of eczema comes in, to determine just when soothing remedies are required, and when stimulating applications may be used with advantage, and it will be our task to endeavor to make this more clear.

Now while we have alluded to eczema as a dermatitis or inflammation of the skin, we must not be understood to signify that every dermatitis is an eczema. For besides the specific, well-defined inflammations of the skin, erythema, erysipelas, herpes, acne, psoriasis, prurigo, etc., we have traumatic dermatitis, also that arising from the action of heat and cold, likewise from animal and vegetable poisons of various kinds, giving rise to malignant pustule, to the peculiar eruptions following the use of arnica, those from the noxious influence of the rhus toxicodendron, from powered podophyllin, croton oil, savin, and tartar emetic, or, more unusual instances, where an aniline dye in cloth or irritating soap have induced superficial inflammations. These eruptions are not eczema, although often wrongly so called; nor is there any tendency for them to develop into eczema except in certain instances; for, the cause ceasing to act, the parts soon regain their normal state after the results of the injury have been removed by absorption or

exfoliation, no catarrhal exudation or cellular infiltration accompanying or following.

But, as before stated, this is not the case always, for sometimes, starting from a most insignificant beginning, we will have an eczema manifest itself which baffles our best skill for a long period, while the same irritation in another person, or in the same individual at another time, causes but a transient dermal inflammation. As to the reason of this difference we can only say that there is some special influence, still unknown, whether inherent in deranged cell action, a congenital defect of development, or due to a "perverted innervation," or whether it is the exhibition of a blood crasis or diathesis, as the French school maintain, it is impossible as yet to state. The arguments for the diathetic view are very strong, as, the appearances of the skin in syphilis and the exanthemata, the alternation of certain cutaneous lesions with manifestations of gout, rheumatism, bronchitis, etc., where the blood and secretions are known to be disordered, the irritating nature of the discharges from the nose in some cases of catarrh, and the like, whereas the purely local pathology of deranged cell action appears to us to be supported only by the effects observed to follow external irritating applications. Now the whole force of the argument, derived from the production of artificial eczema, is destroyed by the fact before stated that the inflammation of the skin produced by croton oil, antimony, or, indeed, any irritating topical agency will, in a large majority of cases, tend to disappear as soon as the exciting causes are removed, while in the remaining minority of instances the local excitement serves as the starting point of a true eczema, that is, a catarrhal condition of the skin with little if any inclination to spontaneous recovery, and that only after running a certain course, and leaving behind it the alterations observed in chronic eczematous skin.

—This difference, we hold, depends upon blood conditions as invariably and certainly as the serous and fibrous inflammations of gout and rheumatism depend upon the circulation of imperfectly elaborated blood, or the inflammatory and other conditions of the heart, lungs, and brain result from the presence of urea in the blood of patients suffering from kidney disease. Again, as arthritic, pulmonary, or cerebral symptoms appear to be the culmination of a blood process which we know as gout and rheumatism, so true eczema is directly dependent upon somewhat similar although as yet but little defined, blood change, while the local

alterations remaining after an acute attack but correspond to the gouty concretions on and in the synovial membranes and the rheumatic thickening left around joints long inflamed; and further, as rheumatic and gouty symptoms are in a measure self-limited acute attacks, after which the health appears excellent, better perhaps than before, so eczema, the catarrhal affection, is in a measure a self-limited acute manifestation of systemic disorder, with the same tendency to recur again and again, the health in the mean time being perfect, while the product of the disease, the cell infiltration, remains.

The success of local treatment militates nothing against this view, for the acute form is now widely recognized as running a definite course through certain stages, which can as seldom be aborted as can gout or rheumatism, and which can only be modified and relieved by soothing treatment, while the tissue changes left afterwards, which in their turn keep up congestion and serous exudation, are local affairs, and therefore amenable to powerful local stimulants and such agents as induce absorption.

What the local pathology is which determines that at one time one portion of the body shall be attacked and at another time another, cannot be determined in every instance, although very frequently, local causes are found to exist. That there is engrafted on a part that has been once affected a tendency to the recurrence of the same form of alteration, resulting in eczema, seems probable, inasmuch as we observe the same part again and again affected; and also from what we know of the repetition of other forms of disease time and again in other organs and tissues. Were it granted that local treatment really cured the disease, eczema, it would still be explainable on the ground that the topical measures overcame the particular local debility of tissue, or counteracted the injurious effect of the agency which caused the development of the constitutional inflammatory process at that particular spot, by restoring tone to the weakened cells, bloodvessels, or nerves, whichever future pathology shall demonstrate to be at fault in eczema.

With this glance at the histological pathology and nature of eczema, let us turn to consider a little more closely their bearing upon the management of the disease. Acute artificial eczema, such as results from heat, mechanical or chemical irritants, water, sugar, lime, flour, and the like, requires but a removal of the cause, protection from these and other injurious agencies, and the requi-

site time for the engorged vessels to discharge their serum, this to make its way to the surface, and the damage done to the outer layers to be replaced by a natural reproduction of the epidermis—a most simple treatment. A very striking example of this is seen in scabies. Were it possible to remove with a needle each acarus and its eggs, the itching would cease, and in from three to ten days most patients would be well—remembering, of course, the minority in whom the artificial irritation once started might be provocative of true eczematous disease. As it is, we cure the itch by applying some agent which destroys the animal and its larvæ in the burrows, as balsam of Peru, storax, sulphur, carbolic acid, and the like, and the eczematous papules, vesicles, and pustules which compose the eruption soon disappear, if perchance our applications have not excited further trouble. Take, again, the washerwoman's eczema of the hands; restrain her from immersing them in water, and in many instances they get well of themselves; kill the pediculi in phthiriasis capitis, and the accompanying eczema soon vanishes; croton oil and tartar emetic eruptions require but the suspension of the irritating applications, and a few days suffice to restore healthy cuticle; eczema of the hands and face from sunburn is, in most cases, a very temporary affair requiring no treatment. But still all these cases demand *management;* it is necessary the wrong thing should *not* be done, that irritating agencies should be kept away. Take, now, any one of the instances cited, place coarse flannel next an eruption following the friction with croton oil or a blistered surface, and the time of healing is prolonged, it may be indefinitely; or worse, apply a strong mercurial or resin ointment or even a harmless salve which has become rancid, and what results? The simple, superficial dermatitis is increased and prolonged, as a consequence cell infiltration of deeper parts must follow the protracted capillary congestion, and you have dermatitis of greater intensity and extent—call it eczema if you like, it resembles it closely—and that spot cannot heal until the new deposit of unneeded cells and serum is absorbed.

Now, as there are great diversities of temperaments, constitutions, etc., so we find many skins so delicate that very slight external impressions suffice to produce great changes; and two elements almost constantly present are found to have very great influence in prolonging and aggravating most cases of eczema, artificial or constitutional, we refer to atmospheric air and water. Another very important element in the production and continua-

tion of eczema, and one which must be removed at all hazards, although often it seems impossible, is scratching, for the diseased skin can never fully recover while repeatedly irritated in this way.

Our first care, therefore, when brought to face an eczema, is to remove irritating agents, or, if they are employed therapeutically, to so limit and control their action that only the desired stimulation shall be afforded. To exclude air and water and to secure a bland, non-irritating covering for the inflamed surface, we are in the habit of using four classes of applications, namely, dusting powders, medicated lotions, ointments, and flexible collodion (I have not mentioned poultices, for I have rarely if ever ordered them for eczema, and then only to remove crusts, and I have moreover seen untold injury follow their misuse by others). If we can fulfil other indications while we make these mild coverings, we of course gain, and this we may attempt to do by combining some of the sedative and gently stimulant remedies with our dressings. Thus in powders we add a trifle of morphine or camphor to allay the itching, a small portion of oxide of zinc or bismuth as a local stimulant, with considerable powdered starch or lycopodium dust. These must be very finely powdered, and here let me emphasize as forcibly as possible the absolute necessity of having any solid substance which is to come into contact with the inflamed skin, whether in powder, lotion, or ointment, reduced to as nearly an impalpable powder as possible. Very much harm is constantly done to irritable skins by the coarse, gritty substances incorporated into various outward applications, and that through a culpable carelessness on the part of druggists. To have success in treating skin cases it is indispensable to see to this personally; and, lest a better occasion should not offer, I wish to add a word with reference to another pharmaceutical aspect of the management of eczema, which I have before hinted at, and that is, the very irritating nature of ointments which have become at all rancid, for I firmly believe that a large share of our want of success in handling these cases is due to some failure in the ultimate employment of the means suggested, rather than to any fault in the advice given, as is shown in the very great success attending local treatment in skin hospitals, where not only the patients but also the drugs and their immediate application are directly under the eye of the physician. To this end, I generally insist that my prescriptions

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shall be taken to one of three or four druggists whom I constantly watch.

To return: *lotions* are very well suited to the acute stage of eczema, and of these, among the best are such as on evaporating leave some finely divided powder on the part, and the one I most commonly use resembles those employed by the English, and consists of from ʒij to ʒiv of finely levigated calamine, a somewhat less quantity of oxide of zinc, two drachms of glycerin, one of the alkaline solution of tar (to be described further on), and four ounces rose-water. In the erythematous stage, when the skin is unbroken, we may use dilute hydrocyanic acid with bismuth, and the like. I will not stop to enumerate the washes applicable to different cases in which the text-books abound, as we are considering rather the principles of the management of eczema, and a few of the remedies I have found most serviceable are introduced only by way of illustration. I will merely add that it is better always to use distilled water in forming lotions, or the rose, cherry-laurel, or orange-flower water, which, in addition to being distilled, possess an agreeable odor.

When exudation has more or less ceased, and the skin is hot and irritable, liquid preparations are less agreeable, and *ointments* are called for. These act in many instances quite as much by excluding the air and preventing evaporation as by virtue of any medications they may contain. The simplest of these greasy applications is cod-liver oil, which administered internally and kept continuously on the skin suffice to cure many cases of acute or subacute eczema, especially where there is more or less marked tendency to pus formation. Almost any kind of fatty matter which is without irritating properties serves to form the artificial covering required for the abraded surfaces of eczema. I have employed quite largely simple mutton suet mingled with a greater or less quantity of fresh lard so as to render it soft and pliable, anointing the surface therewith after the use of some wash, as the alkaline tar diluted considerably.

The most widely-known and used ointment is undoubtedly that of oxide of zinc, a drachm to the ounce of lard, or modified, as Wilson advises, by adding benzoin to prevent rancidity. This latter end may be accomplished equally well and far more agreeably by employing the rose ointment in place of the lard and benzoin, and I have often found the zinc ointment thus made very soothing, when the benzoated preparation had proved highly irri-

tating; cucumber ointment forms a very pleasant and bland excipient as well; also the glycerin and starch combination recently introduced into our Pharmacopœia. Hebra's famous diachylon ointment has not proved as serviceable in our hands as we had hoped to find it after witnessing the excellent results obtained with it at Vienna; it must be reckoned, however, as among our best local applications for affording a non-irritating covering to the inflamed and exuding skin. Finally, the flexible collodion painted over small spots of dry subacute eczema answers very well to afford a covering impervious to air and water, beneath which healing will often take place rapidly and satisfactorily. The application is painful if the surface is at all raw or cracked, and if there is any exudation it very quickly forces off the coating.

Quite other is the local treatment of *chronic eczema*, where, as before stated, we have the products of disease and a local, morbid cell-action to deal with, rather than the disease itself. Hebra, observing that when there is free secretion from the surface the itching of eczema is very much diminished, makes a bold dash in the way of treatment, and applies such agents and in such a manner as to remove at once the imperfectly formed epithelial layers (which would be thrown off sooner or later), thus giving vent to the pent-up exudation, and stimulating the skin so violently as really to induce acute disease. For this purpose he employs energetic frictions with soft potassa soap by means of stiff brushes upon eczematous legs to such a point as to cause the foam produced with water to be red with blood, as I have repeatedly witnessed; and upon the raw surface thus occasioned, the diachylon ointment is laid, spread upon linen, and the process is repeated at the end of twenty-four hours. In certain thickened eczemas, especially of the scrotum, Hebra also applies a poultice of the same green soap, with the effect of completely dissolving and removing the outer layers of the skin and producing free exudation from its surface. He further employs very strong solutions of caustic potassa, even up to equal parts with water by weight, which are well rubbed on infiltrated patches, certainly to the great relief of the itching and removal of the thickening.

Now my experience is, that American skins will not stand these very harsh applications; nor will our patients submit to such painful treatment, requiring ofttimes confinement to the bed, and generally a cessation of occupation for diseases which affect their comfort and pleasure only, and do not endanger life; and, finally, I find

that the same ends may be accomplished by other means. These severe remedies, moreover, cannot be employed with impunity, even by Hebra himself. I recall perfectly a case occurring in the out-door clinic, where a young girl about 18 years of age applied for the treatment of a small patch of subacute eczema on the back of one of her hands. Hebra had just been manipulating another patient with a very strong solution of potassa, and he rubbed the brush in his hand over the patch, intimating, as she left, that it might cause trouble if it did not cure. In a few days the patient presented herself for admission to the hospital with the whole hand swollen and painful; the entire arm was soon involved in a very severe suppurative eczema, which spread somewhat on to the body and was accompanied with a very high fever, so that one day her life was in danger. She was in the hospital some time, and all this from the injudicious use of caustics, and that in the hands of Hebra. Surely others have need of caution.

Great thanks, however, are due to the German School for the development of local pathology and the local treatment of many skin diseases, and especially, in our present connection, for the introduction of the local use of potassa and tarry preparations for relieving itching and reducing thickening of the skin, which, when judiciously employed, are of great service to the dermatologist. Hebra's justly famous "compound tincture of green soap," containing equal parts of sapo-viridis, tar or oil of cade, and alcohol, is very valuable and has long been employed in the more chronic forms of eczema. But the alcohol is an insurmountable obstacle to its use on many skins, and when diluted with water it forms only an emulsion, depositing on standing, and does not, therefore, present the component parts in a truly soluble state, and furthermore, it is not readily removed from the skin and clothing.

For these reasons we have striven to introduce into general notice the "*liquor picis alkalinus*," which we presented to the profession some time ago at a meeting of the New York Dermatological Society, and subsequently published in the *Archives of Scientific and Practical Medicine* for February of last year, and which we have employed daily since that time with increasing confidence. In this the tar is made to combine with water by means of caustic potassa, after the formula:—

℞.—Picis liquidæ, f℥ij.
Potassæ causticæ, ℥j.
Aquæ destillatæ, f℥v.—M.

Ft. "liquor picis alkalinus." To be used diluted.

The stick potassa is to be dissolved in the water and gradually added to the tar with rubbing in a mortar.

Few remedies that we know of possess greater value in relieving itching and diminishing thickening of the skin than the above, and its readiness of dilution renders it capable of being used in varying strength in almost all the varieties of eczema. Thus in acute forms, diluted one part to twelve or sixteen or more of water, it may be kept applied constantly during the day, or, sponged lightly over the parts affected which are then to be quickly covered with some mild salve, it serves the purpose admirably of removing the secretions, dead epithelial matter, and old ointment, relieving greatly the burning and itching, and promoting the absorption of any adventitious cell elements which may have formed. In less acute cases, where there is scaling, as in dry red eczema of the head, face, and hands, a stronger solution, say one part in five or ten of water, rubbed in and followed by tannin ointment ℥j ad ℥j, often removes the disease very quickly. When describing the effect of external treatment as so satisfactory, we imply that either the lesion is either a wholly local affair, a dermatitis rather than a true eczema, or that constitutional treatment, to be mentioned hereafter, is assisting, or that the catarrhal disease, eczema, is past, and we have only its result, the cell infiltration or the abnormal cell-tendency, which tends to perpetuate and spread the disease after the same pathological law which is observed in neoplastic formations.

When more stimulating measures are required, the same alkaline tar may be used in greater strength, thus, mingled with equal parts of water or undiluted, and I have even added double the amount of potassa, causing it to be greatly in excess, but this only in very rare instances. It is well to remember that in the formula given, the caustic potassa in an ounce is twice the amount found in the officinal liquor potassæ, and I would advise it to be diluted considerably when first employed. I have, however, known long-standing moist eczema of the leg to be cured by a very few energetic frictions of the full strength of the above solution—such heroic measures I seldom attempt.

Ofttimes we will succeed better by combining this alkaline tar directly with an ointment, say ℥j vel ℥ij ad ℥j, directing it to be

rubbed into the affected part quite firmly; this may be rendered still more efficient by the addition of from one to three drachms of the officinal citrine, white precipitate, red oxide of mercury, sulphur, or other active ointment, to the ounce.

We must not omit to mention that very old infiltrations yield only to still more severe means, as the application of blisters, the cantharidal collodion or acetum cantharidis, or very strong solutions of nitrate of silver or caustic potassa.

Between these extremes of real acute and thoroughly chronic eczema there are a host of varieties and forms, each case perhaps of fifty, appearing in succession, presenting features quite unlike the others, and requiring some modification of the plans above suggested. Having described, then, the limits of local treatment in both directions of severity and leniency, we will enter upon the subject of internal medication and hygienic management, mentioning only that baths are often of great service in all the forms of eczema; but as pure water is irritating to most eczematous skins, they must be modified by the addition of alkalies, as carbonate of potassa and soda, with starch or glycerin.

I have described the local measures first, not because I regard them of greatest importance, but for exactly the contrary reason, namely, because I would impress the fact that their effects are but local and in a great measure temporary, whereas true eczema is a constitutional affair of which the appearances on the skin are but the outcroppings; and while we must be able to handle well these topical remedies to insure present relief, to assist internal medicine in breaking up the local dyscrasia, and to prevent the patient and friends from applying what will be actually injurious, it is absolutely necessary to institute other measures addressed to the system at large if we would be really successful in managing eczema and checking or modifying its recurrence.

When the internal treatment of eczema is spoken of, arsenic at once occurs to most minds, and to read what some have written in its favor one is led to form very high estimates of the all-curative power of this drug. But daily experience proves that arsenic, although playing an important part at times in cutaneous therapeusis, is not a specific for eczema, nor indeed can we reasonably look for any one remedy to cure so polymorphous a disease. The analogy between the use of arsenic in this affection and mercury and iodide of potassium for the ever varying syphilides does not

hold, for the latter are the result of a specific external poison, and, moreover, clinical experience is for the one and against the other.

The constitutional treatment of eczema covers a wide field, and naturally divides itself under three heads: Dietetic, Hygienic, and Medicinal, each and all very important.

1st. *Dietetic.* Not unfrequently, infantile eczema is caused and kept up by improper indulgences, or by a poor or improper condition of the milk, or by too frequent or irregular feeding; and the addition of a little cream or perhaps extract of meat, together with the abstaining from farinaceous compounds usually given, or the obtaining of suitable, nourishing milk and regulating its administration, will sometimes be quite sufficient to remove the disease. The same is true of adults; dyspepsia, caused by wrong eating, drinking, and living, aggravates all skin diseases, and its removal alone renders many cases of eczema curable. In acute or subacute eczema, covering a large surface, a hearty meat diet increases the trouble, while stimulants, which I have repeatedly found patients taking, but add fuel to the flame.

2d. *Hygienic* measures are essential; fresh air, exercise, and bathing, together with the avoidance of fatigue, will prevent the recurrence of many cases of eczema, and in certain instances will assist in its cure.

3d. *Medicines* are called for in a large share of the cases of eczema, because there is some constitutional derangement in a great majority of the patients with this disease; for, except in the case of purely local dermatitis, resulting from direct violence, chemical, mechanical, etc., we may be sure that disease cannot fix itself upon a perfectly healthy organism, but its presence there is an evidence of debility.

Internal medication, then, will be demanded to meet several different requirements, and may be spoken of under as many different heads; thus, Cathartics, Diuretics, Alkalies, Tonics, and Sedatives. *Cathartics* are very serviceable on entering a course of treatment, in clearing the *primæ viæ*, and need to be repeated from time to time; their abuse, however, particularly of those at all drastic or exhausting, directly increases the cutaneous irritation. In infants, calomel or gray powder is frequently required, especially when pulmonary or intestinal troubles threaten. *Diuretics* are positively demanded in a goodly proportion of cases, because the kidney action is very frequently found to be defective and extra work is thrown upon the skin, or the cutaneous capillaries are

irritated by the circulation through them of effete products. With diuretics we will speak also of *alkalies*, for most of those administered have more or less action upon the kidneys, and their necessity is indicated more especially by a hyper-acidity of the urine with crystalline deposits.

The recognition of this acidity and its proper management we consider of the utmost importance in the treatment of eczema. Our observations on the urine of eczematous patients, which have been quite extended, have more than confirmed all that others have said on this subject, and we have found that secretion more acid than normal in almost every one thus affected who was not under the influence of medicine, while free uric acid is not at all uncommon, together with the amorphous urates. Many of the patients have an acid dyspepsia; in infants the substances ejected from the stomach are intensely acid, while the fecal evacuations, as well as the urine, scald and irritate the parts with which they come in contact. Rational management suggests counteracting this acidity, and this in my hands has furnished the best results. This may be accomplished in three ways—*first*, by directly removing an amount of it, either by emptying the stomach at the time when it contains the greatest amount of acid, that is, during digestion (the almost universal vomiting of infants with eczema being probably an effort of nature in this direction), or by increasing the activity of the natural emunctories, the skin, kidneys, and bowels, whereby acid is thrown off, its place in the economy being supplied from food and drink with ingredients containing less acid principle; *second*, by checking the supply generated, by cutting off such articles of diet as are prone to undergo acid fermentation, and also by administering such remedies as tend to promote oxidation and so carry through the systemic processes to their normal end, a failure in which, or sub-oxidation as it is called, results in acid formation; and, *thirdly*, by giving such agents as chemically neutralize the acid present. These ends are attained oftentimes medically by the use of some of the mineral waters, especially when taken at the springs, and first among those artificially prepared we would place Kissingen water, taken repeatedly a pint before breakfast. In infants we administer lime, Vichy, or magnesia water to the same end, while acetate, bitartrate, and citrate of potassa, sulphate and carbonate of magnesia, carbonate and solution of acetate of ammonia, sweet spirits of nitre, together with liquor potassæ, and bi-

carbonate of soda in combination with rhubarb, are precious remedies to those who have tried their value.

Of no less service, when rightly used, are *tonics*, and the list from which we make daily selections is not large: quinine, strychnine, iron—of which the ammonio-citrate, sulphate, pyrophosphate, tincture of the chloride, syrup of the iodide, and sweet wine of iron are the most common—arsenic, the mineral acids, the vegetable bitters, as cinchona, gentian, columbo, quassia, and colchicum for the gouty, and cod-liver oil. It will be seen that arsenic occupies but a single place in this list, and it is to this fact that I would direct special attention. I feel confident that others who see much of skin diseases will bear me out in the assertion that arsenic has been very much overrated in its power over cutaneous affections, and I am free to confess that I prescribe it but seldom and rarely alone, for the reason that most of the patients have been through a course of the drug before being referred to me. That it greatly assists at times I cannot deny, and I believe it gives permanency to the cure in some cases if continued long enough. I can discover but two ways in which it can act, and both of them through the agency of the nervous system, as we must believe from its beneficial effect in nervous disorders and malaria. First, then, arsenic acts as a nerve tonic in the highest sense of the term by giving tone to the nerves which preside over the elaboration of the blood, thereby regulating and controlling all morbid changes, as hyperacidity, etc.; and, second, it assists in removing infiltrated cells and serum by a direct stimulation to the capillary circulation, causing their absorption, which quickening of capillary action is seen in psoriasis and lupus, where the first sign of improvement is reddening of the base.

One agent of very great value in many cases of eczema, and the use of which experience confidently recommends, in selected cases, is cod-liver oil. Although Hebra expressly states "that its internal employment is without any effect upon eczematous disease," many will agree with me unquestionably that its effect is magical, and that as a single remedy it approaches nearer to being a specific for the proper cases of eczema than any other we possess. Tilbury Fox has called special attention to the variety where the pus-formation of the impetiginous form is far greater than can be accounted for by the intensity of the inflammation present; these cases often yield to it alone. Also where there is the thin, transparent skin and light hair of the scrofulous, or the thick, doughy,

flabby skin of the lymphatic, as also whenever there appears to be a mal-nutrition, a starving of the system for oily matter, as in infants whose mother's milk is poor, or in those of older years compelled to ill nourishment, cod-liver oil supplies the lack and is indispensable to success. And not only among the poor, but even in children who, born amid the luxuries of high life, have had every care, mother's milk or that of a healthy wet nurse, well ventilated apartments, perfect cleanliness, and the most careful protection against atmospheric influences—even in these, I have repeatedly seen cod-liver oil yield the best results when other treatment had failed to check the disease, showing how careful we need be in examining for constitutional failings. Now the effect of the cod-liver oil in these cases upon the local lesion is not to be attributed to any specific power—no more is that of arsenic—but to the fact that the system is so far below *par*, perhaps because it fails in the one element which the oil supplies, that reparation cannot take place, even as bones fail to unite, ulcers of the cornea refuse to heal, and neuralgias persist as long as debility remains, in spite of the best local measures.

Our last class of internal remedies, *sedatives*, embrace opium or morphine, chloral, bromide of potassium and ammonium, tar, and carbolic acid. Chloral is very serviceable in procuring rest at night in bad cases of eczema, and as it acts directly by relieving the itching the patients do not scratch during sleep; I frequently give it in small doses during the day, also a medium dose half an hour before undressing, to prevent the intolerable distress caused sometimes on exposing the skin to the irritation of removing the clothes and to the cool air. Bromide of potassium and ammonium I have found to act pleasantly, in the same manner, alone or combined with chloral. Tar and carbolic acid internally also relieve the itching and benefit eczema more or less.

I am quite prepared for the objection, that, in all this constitutional management we have detailed, we are doing nothing more than might be required were no eczema present, that is, restoring the system to a healthy tone, meeting the various disorders of constipation, dyspepsia, acidity, imperfect action of the kidneys, and debility. True; and I would even add to the list female disorders, when they are present, for they may, by reflex action, render an eczema incurable. And this is precisely what I wish to impress in this paper, and which I have urged publicly on other occasions, namely, that to cure eczema or any cutaneous difficulty

we must first make a correct diagnosis and then discover the cause and remove it as far as possible, and that a large proportion of the cases ordinarily met with are amenable to simple measures if correctly applied. Blind empiricism may occasionally be followed by cure, but successful scientific practice in any branch must be based on sound pathological knowledge and penetrating medical observation.

The local management presents at times some difficulty, as all must confess, but remembering well the acutely irritable nature of most skins, which take on eczematous inflammation with very slight provocation, and yet again that in most cases attention to the constitutional measures suggested is necessary, we will be less liable to do violence to nature, and to hinder the attempts she is making toward repairing the injury.

I have by no means exhausted the subject, and have left unsaid much that I had hoped to give in illustration of the application of these principles to individual forms of eczema, but time forbids my entering more in detail upon this very interesting and highly practical matter of the management of this protean disease. I trust, however, that in what has been said I have made clear the following points:—

I. True eczema is a catarrh of the skin, properly acute but very commonly subacute and chronic, and is entirely analogous to catarrh of the mucous membranes, which are, indeed, but involuted portions of the cutaneous envelope. The absence of moisture, in many cases, does not disprove this, for if the dry parts are kept covered with oiled silk or gutta-percha paper or rubber to prevent rapid evaporation, we soon find that the material forming the scales is the same as in other cases, catarrhal, which stiffens linen.

II. This catarrh tends to run a certain course, accompanied by definite pathological changes, and the disease which we meet with more commonly is, in a large part, made up of the relics left in the skin—that is, thickening caused by a deposit of adventitious cells, mostly in the *rete mucosum*, but also capable of extending into the papillary layer, the derma, and even deep into the adipose tissue.

III. Much that is called eczema is properly only a dermatitis or ordinary inflammation of the skin, tending to spontaneous recovery when the cause is removed and irritating agencies kept away.

IV. Eczema in its true sense is not a local affair, but one intimately associated with blood changes, represented in the main by a sub-oxidation or hyperacidity, as found in the stomach, kidney,

etc., and this state, moreover, is closely allied to gout, rheumatism, and scrofula.

V. Debility, pure and simple, does not cause eczema, but may, by its existence, prevent either the recuperative action of nature or the beneficial effect of remedies.

VI. Eczema being an acute disease, running a definite course, our treatment must consist principally in avoiding irritating elements, correcting systemic errors, debility, acidity, etc., favoring the action of the emunctories, and locally making such applications as soothe and restore tone to an irritated and inflamed integument.

VII. The products of eczema, the thickening and consequent scaling and itching, are removed by stimulating applications, and by such pure tonics as act directly on the nerves, causing absorption through the capillaries, as quinine, iron, arsenic, strychnine, and the like.

VIII. Arsenic and zinc ointment, while serviceable in many instances, are so far from being specifics for eczema that their use is injurious in many cases, while almost always other remedies will either suffice alone or greatly assist their action.

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